



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121049

1. DATE OF REPORT 3/26/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	
3. COMMITTEE MAILING ADDRESS 200 EAST BROADWAY PO BOX 318 CITY / STATE / ZIP COLUMBIA MO 65201	4. COMMITTEE TELEPHONE NUMBER (573) 424-8325
5. TREASURER'S NAME MICHELE NIX	
6. TREASURER'S MAILING ADDRESS 2002 AUGUST BRIGGS CITY / STATE / ZIP COLUMBIA MO 65201	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 268-8967 WORK: (573) 632-6124
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 4/3/2012	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/19/2012 THROUGH 3/22/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY BILL TILLOTSON 720 RUSTIC ROAD COLUMBIA MO 65201 (573) 424-8325 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 26 2012 8:55AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 26 2012 8:55AM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

BILL TILLOTSON FOR THE
SIXTH WARD

Date of Report

3/26/2012

Office Use Only

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 8,261.00		
2. All Monetary Contributions Received This Period	\$ 11,433.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 11,433.00			
6. In-kind Contributions Received This Period	+ 5,959.69			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 17,392.69			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 25,653.69		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 8,497.42		
10. Expenditures made by cash or check this period	\$ 8,808.95			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 2,527.31			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 11,336.26			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 19,833.68		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 3,379.70			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 3,379.70			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 3,143.28
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 11,433.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 12,188.65 b) Disbursements By Cash \$ 0.00	- 12,188.65
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 2,387.63
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 2,527.31
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 3,379.70
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ -852.39



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD		2. REPORT DATE 3/26/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 13,569.69	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 13,569.69	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 8,180.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 5,389.69	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 375.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 2,878.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 570.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 5,959.69	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 11,433.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 11,058.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: The Club at Old Hawthorne CITY/STATE: 6221 E Broadway EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 1,000.00	\$ 1,000.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: The University Club CITY/STATE: 107 Reynolds Alumnae Ctr EMPLOYER: Columbia MO 65211 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 275.00	\$ 275.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Link Elephant Trunk Show CITY/STATE: 7400 Chimney Ridge Rd EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 865.00	\$ 865.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Adam Wells-Morgan CITY/STATE: 6221 E. Hwy WW Columbia MO 65201 EMPLOYER: The Club at Old Hawthorne -- Chef <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 400.00	\$ 400.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Country Club of Missouri CITY/STATE: 1300 Woodrail EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 375.00	\$ 375.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Columbia Country Club CITY/STATE: 2210 Country Club Drive EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 400.00	\$ 400.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Columbia Dinner Train CITY/STATE: 6501 N. Brown Station Rd EMPLOYER: Columbia MO 65202 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 525.00	\$ 525.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Varsity Clips CITY/STATE: 904 Elm Street EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 152.00	\$ 152.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Geisha CITY/STATE: 804 E. Boradway EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Sycamore CITY/STATE: 800 E. Broadway EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Inside Columbia Magazine CITY/STATE: 301 West Broadway EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Glenda Sapp CITY/STATE: 6221 E. Hwy WW EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Joe Machens Auto Group CITY/STATE: 1911 West Worley EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 275.00	\$ 275.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Philip Warnken CITY/STATE: 2509 Vistaview Columbia MO 65203 EMPLOYER: Warnkey Property -- Owner <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 612.69	\$ 112.69 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Winer Cellar & Bistro CITY/STATE: 505 Cherry Street EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 150.00	\$ 150.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Ron Netemeyer CITY/STATE: 401 Locust Columbia MO 65201 EMPLOYER: Harper Evans Wade Netemeyer -- Attorney <input type="checkbox"/> COMMITTEE:	2/22/2012 ----- \$ 300.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Harry Boul CITY / STATE: One E. Broadway Columbia MO 65201 EMPLOYER: Boul & Associates -- Attorney <input type="checkbox"/> COMMITTEE:	2/22/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Glenn CITY / STATE: 201 W Brandon Columbia MO 65203 EMPLOYER: Mo Cotton Exchange -- Owner <input type="checkbox"/> COMMITTEE:	2/25/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Naomi Cupp CITY / STATE: 1015 Marcassin Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/28/2012 ----- \$ 300.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Montplaisir CITY / STATE: 2303 Bluff Columbia MO 65203 EMPLOYER: Montplaisir & Co -- Financial Advisor <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 450.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Brocksmith CITY / STATE: 620 W Logwood Lane Columbia MO 65201 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 350.00	\$ 350.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fred Parry CITY / STATE: 709 W Broadway Columbia MO 65203 EMPLOYER: Self -- Publishing <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dale Rose CITY / STATE: 1800 Brookfield Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 575.00	\$ 575.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Allison CITY / STATE: 1202 Old Hawthorne Columbia MO 65201 EMPLOYER: Shelter Insurance <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Van Matre Law Firm CITY/STATE: 450 Covered Bridge Road EMPLOYER: Columbia MO 65203 <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Atkins CITY/STATE: PO Box 756 EMPLOYER: Columbia MO 65205 Atkins Inc. -- Owner <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Tenny CITY/STATE: 1213 Priest EMPLOYER: Manchester MO 63021 Columbia Dinner Train <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 310.00	\$ 310.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Cupp CITY/STATE: 1015 Marcassin EMPLOYER: Columbia MO 65201 Physician <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jm Volmert CITY/STATE: 3212 S. Upper Bridle Bend EMPLOYER: Columbia MO 65201 Joe Machens <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 600.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Doug Iles CITY/STATE: 1770 Leo EMPLOYER: Ashland MO 65010 Millinium -- Owner <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 500.00	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Minchew CITY/STATE: 4001 Meadow View EMPLOYER: Columbia MO 65201 Swift Windows & Doors <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 280.00	\$ 280.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stephen Reichlin CITY/STATE: 4208 Fall River Drive EMPLOYER: Columbia MO 65203 Reichlin Rentals <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 675.00	\$ 525.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Scott Atkins CITY / STATE: 3909 Day Lily Columbia MO 65203 EMPLOYER: Atkins, Inc. <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Melody Parry CITY / STATE: 709 W Broadway Columbia MO 65203 EMPLOYER: OutFront Communications -- Owner <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 775.00	\$ 775.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Randy Coil CITY / STATE: 209 E. Broadway Columbia MO 65203 EMPLOYER: Coil Construction <input type="checkbox"/> COMMITTEE:	3/8/2012 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Merhle CITY / STATE: 1804 West Broadway Columbia MO 65203 EMPLOYER: Self <input type="checkbox"/> COMMITTEE:	3/8/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Stohldrier CITY / STATE: 4404 Glen Eagle Columbia MO 65203 EMPLOYER: Lifestyle Homes <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George Ousley Jr CITY / STATE: 2000 E. Boradway Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/22/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Diane Rubenstein CITY / STATE: 1003 Marcassin Drive Columbia MO 65201 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: McAdams CITY / STATE: 32 S. Providence Rd Columbia MO 65201 EMPLOYER: <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 360.00	\$ 60.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Dennis Smith CITY / STATE: 6100 Saddle EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 165.00	\$ 65.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Ridge CITY / STATE: 1206 A Bowling EMPLOYER: Columbia MO 65201 Carpet Mart <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Davenport CITY / STATE: 724 Rustic Lane EMPLOYER: Columbia MO 65201 Retired <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patti Butera CITY / STATE: 1605 Dunhill Way EMPLOYER: Columbia MO 65203 Self -- Fundraising <input type="checkbox"/> COMMITTEE:	3/6/2012 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C121049

REPORT DATE

3/26/2012

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

BILL TILLOTSON FOR THE SIXTH WARD
200 EAST BROADWAY PO BOX 318
COLUMBIA MO 65201

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

The Club at Old Hawthorne
6221 E. Broadway
Columbia MO 65201

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

Auction and Fishbowl

4. DATE OF ACTIVITY OR EVENT

3/2/2012

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Patti Butera
1605 Dunhill Way
Columbia MO 65203

5. NUMBER OF PARTICIPANTS

90

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES
COULD NOT BE OBTAINED

\$ 375.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE
RECORDS

\$ 9,907.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 10,282.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

Fishbowl donations

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

None

\$ 0.00

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0.00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee BILL TILLOTSON FOR THE SIXTH WARD		2. Report Date 3/26/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 189.49
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 189.49
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 11,146.77
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 11,146.77
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 11,336.26
16. Amount of Line 15 Above which was Paid Out This Period			\$ 8,808.95
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 2,527.31
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



2

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD		DATE 3/26/2012
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Card reader fees	\$	73.99
Public records	\$	15.00
Rental Fees	\$	25.00
Postage	\$	45.00
Office Supplies	\$	30.50
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL: ITEMIZED EXPENDITURES THIS PAGE	\$	--
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE BILL TILLOTSON FOR THE SIXTH WARD		REPORT DATE 3/26/2012	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Bankers Advertising Company ADDRESS: 2800 Highway 6 East PO Box 2687 CITY/STATE: Iowa City IA 52244	3/3/2012	Signs \$	\$ <input checked="" type="checkbox"/> PAID 387.96 <input type="checkbox"/> INCURRED
NAME: Equal Creative ADDRESS: PO Box 1994 CITY/STATE: Columbia MO 65205	3/3/2012	Website expenses \$	\$ <input checked="" type="checkbox"/> PAID 725.00 <input type="checkbox"/> INCURRED
NAME: General Printing ADDRESS: 1910 N Providence Road CITY/STATE: Columbia MO 65202	2/27/2012	Postcards \$	\$ <input checked="" type="checkbox"/> PAID 812.64 <input type="checkbox"/> INCURRED
NAME: Media Outlook, LLC ADDRESS: 2511 Bernadette Dr CITY/STATE: Columbia MO 65203	3/5/2012	Pumptop Ads \$	\$ <input checked="" type="checkbox"/> PAID 1,125.00 <input type="checkbox"/> INCURRED
NAME: The Media Department ADDRESS: 3812 Godfrey Drive CITY/STATE: Columbia MO 65203	3/10/2012	Radio, TV Ads \$	\$ <input checked="" type="checkbox"/> PAID 5,436.86 <input type="checkbox"/> INCURRED
NAME: UPS Store ADDRESS: 303 E Nifong Blvd Suite I CITY/STATE: Columbia MO 65201	2/23/2012	Postage \$	\$ <input checked="" type="checkbox"/> PAID 132.00 <input type="checkbox"/> INCURRED
NAME: Steve Twitchell/Productions ADDRESS: PO Box 982 CITY/STATE: Columbia MO 65203	3/19/2012	Radio, TV Ads \$	\$ <input type="checkbox"/> PAID 2,527.31 <input checked="" type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C121049

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Debt Payment:

Payment to Banker's Adverstising Company for Yard signs

Amount: 2989.70

Debt Payment:

Payment to OutFront Communications, LLC for Magazine Ad

Amount: 390.00